



CAMC
Foundation

Run for Your Life

Charleston, WV • Saturday, June 22nd, 2019 • 8:00 am

5-Mile Run/2.5-Mile Walk

Run & Walk begins at
Haddad Riverfront Park.



Team Up for
Colorectal
Cancer
Awareness

ENTRY FORM (Please print)

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Date of Birth _____

Male **Female** Age (Day of Race) _____
(circle one)

Run **Walk**
(circle one)

*Winners in each division will be recognized.

Registration is \$25 if postmarked before June 17, 2019 and \$30 thereafter. Online registration is available on give.camcfoundation.org/run

No charge for online registration.

Late registration and pre-race packet pick up will be held on June 21st from 3 to 7 p.m. at the CAMC Cancer Center parking lot (3415 MacCorkle Ave. SE) and on race day at the start line from 7 to 8 a.m.

Send checks and entry forms to:

CAMC Foundation

3414 Staunton Ave. SE
Charleston, WV 25304

Call (304) 388-9860
for more information.



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Run for Your Life Run/Walk Participant Release

I have read this PARTICIPANT RELEASE form and fully understand that by signing this form I am giving up legal rights and remedies that might otherwise be available to me.

Participant signature: _____

Date: _____

Participant ____ IS ____ IS NOT age 18 or older.*

Shirt Style: M or F Cotton or Dry Fit

T-Shirt Size S M L XL XXL

*If a participant is under the age of 18 a parent or legal guardian must sign below in addition to participant.

Signature: _____

Print Name: _____

Relationship to Participant: _____

Date: _____

Shirt preference guaranteed if registered by June 8th

I am aware that road running is a hazardous activity, and I am voluntarily participating in the Run for Your Life five (5) mile run ("Run") with knowledge of the danger involved. I agree to accept all risks including but not limited to personal injury, death or property damage that may occur as a result of participation in the Run.

In consideration of allowing my participation in the Run, I hereby release, for myself and my successors and assigns, Charleston Area Medical Center Foundation, Inc. ("CAMC Foundation"), its directors, employees, agents and affiliates, and TSR Timing Group, from any and all claims of any type that may arise from my participation. I hereby grant permission to CAMC Foundation and its affiliates to take, use and reproduce images of myself in connection with the Run for any purpose, including fundraising and advertising.